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DEVELOPMENTAL PSYCHOLOGY

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PSYCHOLOGY TEACHERS UPDATE

Psychology Teachers Update is designed to give a brief overview of the main developments in the different areas of psychology. There is a proliferation of journals and research, and it is very difficult to keep abreast of the latest trends, particularly in the many and varied areas of psychology.

Each issue of Psychology Teachers Update will cover a particular topic, and summarise the main research directions and findings in the last ten to fifteen years approximately. The aim is to give teachers the feel of what is happening in that area of psychology.

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PAST ISSUES

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Attachment in Infancy and Later Life

INTRODUCTION

John Bowlby, over many years (eg: 1951; 1969; 1973), argued that the development of a secure attachment in the early years of life was key to the later development of an individual. Such early experiences influence the "internal working model" (1) (Bowlby 1980) for future attachments.

Since Bowlby's original work on maternal deprivation, researchers, like Michael Rutter (eg: 1981) or Clarke and Clarke (1976), have challenged the effects in later life.

One area of development since Bowlby's original work is to look at attachment behaviour as a complex phenomena. O'Connor (2002) summarised some of the key points of such a view:

a) The parent-child relationship is more than just the attachment relationship. It is possible that children with poor attachments can have positive experiences in other aspects of the parent-child relationship.

b) The question of whether a relationship is the same as an attachment relationship.

c) Whether the attachment problem lies within the individual or within a particular early relationship. The "internal working model" is associated with the former, while the evidence that children can develop different relationships with different caregivers supports the latter.

d) Attachment problems and insecurity and not necessarily the same as formal "attachment disorder". While type D (disorganised) attachment may be nearer to "attachment disorder".

ATTACHMENT AND PSYCHOPATHOLOGY

Subsequent research after Bowlby has found some links between attachment style or experiences in early childhood and adult psychopathology (eg: depression - Bifulco and Moran 1998).

The measurement of attachment styles or types have also been developed from the early research. For example, the Attachment Style Interview (ASI) (Bifulco et al 2002a) allows for:

i) attachment profiles - insecure: enmeshed, fearful

(both anxious), and angry-dismissive, withdrawn (both avoidant), and secure;

ii) the extent of these styles - markedly, moderately, mildly, or standard ("secure").

Insecure attachments (at marked and moderate levels) were found to predict major depression prospectively compared to standard level ratings (Bifulco et al 2002b). The ASI is a type of measure of attachment style which focuses upon rating the attachment behaviour of the adult now. But generally it is assumed that the current attachment style comes from the early years of life.

Bifulco et al (2004) used the ASI to study the relationship between attachment style of the mother and her vulnerability to depression in pregnancy in 296 women as part of the Transcultural Study of Postnatal Depression (TCS-PND) (Asten et al 2004).

The researchers found associations between avoidant attachment styles (angry-dismissive or withdrawn) and antenatal depression, and between anxious attachment styles (enmeshed, and fearful) and postnatal depression (table 1). Generally insecure attachment was related to both types of depression.

(a)	ANXIOUS STYLE: MARKED/MODERATE vs NONE			AVOIDANT STYLE: MARKED/MODERATE vs NONE		
ANTENATAL DEPRESSION						
	15	12	ns	29	7	p<0.003 OR 2.95 (2)
POSTNATAL DEPRESSION						
	38	13	p<0.004 OR 2.67	23	19	ns
(b)	ENMESH	FEARFUL		ANGRY	WITHDRAWN	
ANTENATAL DEPRESSION						
	0.10	0.10	ns		0.22	sig
	0.01			0.23		sig
POSTNATAL DEPRESSION						
	0.18	0.20	sig	0.02	0.02	ns

(After Bifulco et al 2004)

Table 1 - Associations between insecure attachment style and depression in pregnancy. (a) Percentage of women suffering from depression. (b) Correlations between level of attachment style and level of depression.

Bifulco et al (2004) used a cognitive-emotional explanation for their results. Avoidant attachment styles manifest themselves in individuals distancing themselves from others and maintaining boundaries. The experience of pregnancy could be seen as intrusive, producing psychological conflict leading to antenatal depression. After the birth, distance can be re-established, and depressive symptoms are reduced.

The anxious attachment styles are seen in a need for closeness, which pregnancy gives. But the birth of the child leads to feelings of separation, and thus postnatal depression.

Turning the situation around, there is a lot of evidence on the impact of the mother's depression upon the child's development (Marks et al 2002). For example, the child develops withdrawn and avoidant interactional styles (Field et al 1988).

Boys seem to be at greater risk from the effects of maternal depression, both in the short-term (eg: four years old: Sharp et al 1995), and in the long-term (eg: 11 years old: Hay et al 2001). But the nature of the effects upon the child depend upon how the depressed mother behaves - some become withdrawn, and others hostile.

Children will be affected negatively by other types of maternal mental illness than depression. Table 2 summarises some of the main studies and conclusions.

MATERNAL MENTAL ILLNESS	NEGATIVE EFFECT UPON INFANT	STUDY
Anxiety disorder	80% of pre-school children insecure attachment (65% disorganised attachment)	Manassis et al (1994)
Bipolar disorder	Two-thirds of 24 children insecure attachment at 15-52 months old	DeMulder & Radke-Yarrow (1991)
Schizophrenia	Anxious attachment at 1-year-old, and less of strangers on "Strange Situation Test"	McNeil et al (1983)
Eating disorders	Mainly physical effects, like low birth weight, or growth problems	Marks et al (2002)
	Mothers expressed more negative emotions towards 1-year-olds during meals than controls, but not during play; also more intrusive	Stein et al (1994)

Table 2 - Negative effects on children of maternal mental illness.

ATTACHMENT AND ADULT RELATIONSHIPS

According to Bowlby and others, the "internal working model" persists and affects even adult relationships and attachments. Hazan and Shaver (1987) argued that attachment styles can explain adult romantic relationships.

McCarthy (1999) found that type B (Strange Situation rating) attached women (aged 25-44) had more success in both romantic relationships and friendships. While type A attached women had problems with romantic relationships, and type C with friendships.

Zimmerman et al (2000) reported the Bielefield seventeen-year longitudinal study of 49 families in Germany. Forty-five infants were rated in the "Strange Situation" (Ainsworth et al 1978) for their attachment type, and then classified at 16 years-old on the Adult Attachment Interview (AAI) (Main, Kaplan and Cassidy 1985) (3).

This study found that life events during childhood, like divorce, were more important in adult attachment style than "Strange Situation" rating at 12-18 months-old.

But where family circumstances did not change, in a

Californian study, attachment styles remained constant over childhood into adolescence (Hamilton 1994). Thus in a stable childhood, "Strange Situation" ratings of attachment style can predict adult attachment style, but less so in an unstable childhood (Wood, Littleton and Oates 2002).

The influence of childhood on adult attachments as less important is supported by the concept of "earned security" (Main and Goldwyn 1984). This is the idea that positive, secure adult relationships can remove the negative effects of insecure childhood attachments.

SEPARATION AND INSTITUTIONS

Romanian Orphans

1. English and Romanian Adoptees Study Team (4)

In recent years, a number of children from orphanages in Romania have been adopted in Britain, among other countries.

Rutter et al (1998) (5) studied 165 such adoptees (excluding those diagnosed with pervasive developmental disorders), and compared them with 52 non-deprived within-UK adoptees.

The Romanian group were adopted before the age of 42 months old, but the control group were adopted before six months old. The vast majority (80%) of Romanian adoptees were living in poor-quality institutions before adoption (Johnson 2001).

Initially there were problems with severe malnutrition (mean weight 2.4 standard deviations below age norms), intelligence (mean IQ of 63 based on Denver Scale), and milestone development. The children have so far been followed up at 4 and 6 years old.

The follow-up at age 4 found that only 2% had major problems, and evidence of "catch-up" to norms in weight, height and IQ for the majority. But there was a negative correlation with improvements for the children adopted after four years old.

At the 6 years-old follow-up, the children were assessed on seven domains of problem behaviour (Rutter et al 2001):

i) Attachment problems/disorder: measured from parental interviews using criteria like "definite lack of differentiation between adults";

ii) Inattentive/overactive: measured by combining the scores from mothers, fathers and teachers on the Rutter behavioural scales (Elander and Rutter 1996);

iii) Emotional difficulties: including behaviour like "gives up easily", "cries easily", or "tends to be fearful or afraid of new things or new situations" (from Rutter scales);

iv) "Quasi-autistic" features (6): measured by Autism Screening Questionnaire (ASQ) (Berument et al 1999) and Autism Diagnostic Interview - Revised (ADI-R) (Lord et al 1994);

v) Cognitive impairment: defined as 2 standard deviations below UK sample mean of McCarthy Scales of Children's Abilities (McCarthy 1972). The UK mean is 117, and standard deviation 18; thus 81 or below seen as cognitive impairment;

vi) Peer difficulties; eg: "not much liked by other children" or "tends to be solitary" (from Rutter scales);

vii) Conduct problems; eg: "often destroys own or others' property" or "is often disobedient" (from Rutter scales).

The results showed that, for example, 20.7% of the Romanian group were diagnosed as having DSM-IV (APA 2000) attachment disorders (7) compared to 3.8% of the control group. There was little change between four to six years old in the mean level of disinhibited behaviour. While conduct problems were slightly (non-significantly) more common in the control group (Minde 2003).

Overall the results showed significant differences between the Romanian adoptees and the control group on four domains of problem behaviour, and not on three of the domains (table 3).

Concerning age of adoption, 23.9% of the Romanian adoptees who came after their second birthday were without dysfunction, while 69.6% of those adopted before six months old showed no problems (compared to 78% of control group) (table 4).

DOMAIN OF PROBLEM BEHAVIOUR	RATE IN ROMANIAN ADOPTEES (%)	RATE IN WITHIN-UK ADOPTEES (%)
Attachment problems	20.7	3.8
Inattentive/overactive	25.3	9.6
Emotional difficulties*	3.7	9.6
"Quasi-autistic" features	12.1	0.0
Cognitive impairment	14.0	2.0
Peer difficulties*	18.9	9.6
Conduct problems*	8.0	9.6

* = not significant

(After Rutter et al 2001)

Table 3 - Number of adoptees showing seven domains of problem behaviour at six years old.

NUMBER OF DOMAINS WITH IMPAIRMENT	WITHIN -UK ADOPTEES	ROMANIAN ADOPTEES: AGE OF ENTRY INTO UK		
		less 6 mths	6-24 mths	24-42 mths
0	78.0	69.6	43.6	23.9
3 or more	8.0	5.4	20.0	21.7

(After Rutter et al 2001)

Table 4 - Percentages of children with impairments based on age of adoption.

O'Connor et al (2001a) found that attachment disorder was associated with duration of deprivation, particularly in the first few months of life (7% of those adopted before six months old; 31% of those adopted at age 24-42 months). However, deprivation of greater than two years was not associated with severe attachment disorder in most of the children.

However, the later adopted children could have been "less appealing" to adopters because of some form of handicap, which could explain why such children were put up for adoption in Romania (Flanagan 1999).

Overall, there was no single pattern that characterised the Romanian adoptees, though three behaviours were common - attachment problems, inattention/overactivity, and "quasi-autistic" features (Rutter et al 2001).

Many of the Romanian adoptees did not have problems,

and this is often overlooked. Rutter et al (2001) felt that the findings run counter to the view that "lasting damage is inevitable after prolonged early institutional privation".

2. Other studies with Romanian orphans

Chisholm et al (1995) (8) looked at Romanian orphans adopted by Canadian families. They found evidence of ambivalent attachments, and that the children were not easily calmed when distressed.

Smyke et al (2002) studied 94 Romanian toddlers in Bucharest in 1999. The children were divided into three groups:

i) 30 children living in a "standard" institution with one staff member to ten children on each shift;
ii) 31 children in a "pilot unit" in the same institution with four consistent caregivers for 10-12 children;
iii) 33 matched "never-institutionalised" toddlers.

There was a clear relationship between caregiver setting and attachment disorder behaviour (both inhibited and indiscriminate), but the indiscriminate was more common. The "pilot unit" was better for the children than the "standard", but not as good as the "never-institutionalised" group.

Disinhibited behaviour has also been observed in orphans in war-torn countries (eg: Eritrea; Wolff and Fesseha 1999).

3. Other recent separation studies

Forehand et al (1999) studied a growing problem of children whose mothers died of AIDS-related illnesses. The researchers compared 20 such children with controls, both in New Orleans.

The children in the experimental group showed no evidence of an increase in problems six months after the mother's death, but moving to a stable environment (usually with the grandparents) was important. However, the experimental group did have more problems than the controls in the period before the death of the mother (table 5).

	EXPERIMENTAL GROUP	CONTROL GROUP
CHILD DEPRESSION INVENTORY*		
Before death	9.25	7.97
After	8.05	7.26
CHALLENGING BEHAVIOUR CHECKLIST (CBCL)**		
Before death	8.15	6.00
After	5.90	4.87

* higher score = depression; ** higher score = more aggressive

(After Forehand et al 1999)

Table 5 - Mean scores on two behavioural measures.

4. Primary Research

In 1990, I interviewed a man in his 20s who had been raised in a Catholic boys' home (orphanage) in the West Midlands. The home was run by nuns, and each nun looked after a "house" of between seven to fifteen boys.

In the respondent's "house" were twelve other boys. Most of them were in the orphanage from birth to age 16, except for three who entered later. The quality of care would have been seen as poor; ie: little intellectual stimulation or specialised care.

The respondent was still in contact with the members of his "house", and he made an assessment of their adult relationships for me. Nine of the thirteen were classed as having "no relationships" (difficulties in relating to people and no evidence of emotional attachment to anyone outside the orphanage); 3 had "limited relationships" (some evidence of relationships, but still difficulties; eg: fear of getting hurt limited depth of relationships); and one had "healthy relationships" (the respondent himself, which I could verify from knowing him).

Almost all of the orphans had other problems, including lack of social skills, or intellectual retardation. Any evidence of attachment was to their individual nun, or more so, each other (eg: Freud and Dann 1951).

These observations were based upon one respondent, and a limited amount of verification of the facts.

SUBSTITUTE CARE

Residential versus Foster Family Care

Generally the number of children in residential care (ie: children's homes or orphanages) has fallen by nearly 80% between the 1970s and the 1990s in England and Wales, with similar moves in other parts of Europe, Australasia, and North America (Rushton and Minnis 2002).

The early research on institutional child-rearing (eg: Goldfarb 1945; Spitz 1945) was very negative, as is more recent international research (eg: Romania; Chisholm et al 1995). But that is not to say that fostering or adoption are not without problems (eg: Sinclair and Gibbs 1998: painful foster care breakdowns).

As a generalisation, children in care suffer more problems than children never in public care. The nature of the problems will be mediated by factors like placement length and number, and characteristics of the child (Rushton and Minnis 2002).

Table 6 summarises some of the recent studies of children in residential or foster and adoption care.

The general conclusion from the research is that "residential care is detrimental to children's mental health, whereas foster care may improve it" (Rushton and Minnis 2002). But there are a number of considerations about the research which shows the higher rates of problems for children in residential care:

i) Children may be in residential care because their problems are seen as too difficult for a foster family to deal with.

ii) Children may have problems before entering the residential care.

iii) Some children experience both foster family care and residential care, and it is difficult to isolate the effects of either one.

iv) Comparisons between children in residential and foster family care are not necessarily based on similar populations, in terms of the children's backgrounds.

v) The nature of the two environments being compared - eg: large unstable residential home and small stable foster family, or vice versa.

vi) The means of measuring the problem behaviour; ie: psychometric tests or otherwise used.

STUDY	FINDINGS
Quinton & Rutter (1984; 1985); Dowdney et al (1985); Rutter et al (1990) - UK study of children in institutional care in 1960s (81 women; 91 men)	Different outcomes for men and women; ie: some had problems, some not. Key to success was quality of relationships made after leaving care, especially for women
Rowe et al (1984) - long-term foster care in UK	29% of 5-15 year-olds classed as showing psychological disturbance, particularly temper tantrums and lack of concentration using Rutter A scale (Rutter 1967)
Fanshel et al (1990) - US retrospective study of "special needs" children in foster care	As adults, two-thirds wage-earners, 13% serious drug problems; one-quarter alcohol problems
Ahmad & Mohammad (1996) - 54 orphans (24 in orphanages; 30 in foster families) in Iraqi Kurdistan	Increased problems in orphanage using Child Behaviour Checklist (CBCL) (Achenbach 1991), and higher rates of Post-Traumatic Stress Disorder
Benedict et al (1996) - US retrospective study of long-term foster care	As adults, 31% unemployed; 54% drug problems; 20% been arrested; 45% violent to partner; 35% victims of partner violence
McCann et al (1996) - all adolescents in care in Oxfordshire	Prevalence of psychiatric disorders: 57% for foster care, 98% for residential care, 15% control group using CBCL
Dumaret et al (1997) - 127 children of low intelligence in foster care in France	Approximately half had emotional and psychological problems
Sinclair & Gibbs (1998) - interviews with 216 children in residential care in UK	More than half "unhappy", "worried", and "nervous"; 40% thought about killing themselves

Table 6 - Examples of studies on children raised in residential care or foster care.

vii) Who is interviewed in the study - residential workers, foster carers, or children themselves.

viii) Whether the children still have contacts with biological family members, and the nature of that contact before, during and after placement in substitute care.

ix) Foster carers are usually checked by local authorities to assess their appropriateness, and are often highly committed to the parenting efforts needed with fostering or adoption, particularly of children with problem behaviour. Residential care workers may be

equally committed.

x) How the residential care is organised, in terms of opportunities for attachment to one adult, many residential workers, or none at all (see Smyke et al earlier).

xi) The question of whether a "blood bond" is necessary for secure attachment. Generally this is not seen as the case (Schaffer 1998). The key for the child is the ability to form one good relationship/attachment with an adult, whoever they may be.

xii) The age at which the child is placed with the foster or adoptive parents. Late adopted children had more problems (see English and Romanian Adoptees Study Team earlier).

xiii) The development, particularly among African-American families in the US, of kinship fostering. This is the placement of children with a biological relative, not the parent(s), like the maternal grandmother. The limited amount of research to date is split: benefits from the stability of environment, and lack of behavioural problems, but problems with health and income levels of older relatives, and "intergenerational transmission of attachment styles" (Rushton and Minnis 2002).

xiv) Differences in fostering environment; eg: middle-class or working-class families, rural or urban.

xv) Problems after leaving care. Those in residential care find it harder to maintain relationships with rotating staff from the institutions and thus lacking support can lead to social exclusion and/or offending behaviour.

xvi) Foster family stress if children's initial problem behaviour does not abate, and continues over time at the foster family.

The "Artificial" Family: Reproductive Technologies

Adoption was traditionally seen as the creation of an "artificial" family. But this idea has taken a different path with the developments in reproductive technologies. These allow parent(s) to have children other than by the traditional means of sexual intercourse. There are a number of types of reproductive technology used (Schaffer 1998) (table 7). There may be as many as 1% of first-born children in Western countries

"created" this way (Schaffer 1998).

TECHNOLOGY	CHILD GENETICALLY RELATED TO:
• In vitro fertilisation (IVF) - sperm and egg provided by father and mother, and placed artificially in womb	both parents
• Artificial insemination by donor - sperm donation: mother artificially impregnated by male (stranger?) sperm	mother
- egg donation: mother given eggs of another women impregnated by father's sperm	father
• Surrogacy - another women bears child and gives birth	both parents

Table 7 - Types of reproductive technology.

There is concern that children "created" by reproductive technologies may grow up with psychological problems. But there are a limited number of initial studies looking specifically at children born of reproductive technologies (table 8), and no differences were found compared with other groups of children.

Other research would suggest that it is the quality of parenting that matters after birth. Golombok et al (1995), for example, found that the quality of parenting by IVF and AID families was superior to other groups.

STUDY	FINDINGS
Kovacs et al (1993) - 22 Australian children of AID at 6-8 years old	No differences on CBCL between AID group, and matched adopted and naturally-conceived children
Raoul-Duval et al (1993) - 33 French children born after IVF; assessed at birth, 9 and 18 months, and 3 years old	Detailed interviews at four points in time found no lasting significant differences compared to naturally-conceived children, and children whose parents naturally-conceived after initial problems
Golombok et al (1995) - 41 IVF and 45 AID born children at 4-8 years old	Compared with naturally-conceived children, and those adopted at birth, no differences were found on a variety of measures.

Table 8 - Three studies of children born by reproductive technologies.

VIEWS ON ATTACHMENT SINCE BOWLBY

The simple difference in the views on attachment and, the effects of lack of attachments in childhood, is a move from the rigidity of development of Bowlby's early views to a modern assessment of flexibility in development ("pathways from childhood to adult life" Rutter 1989).

Schaffer (1998) listed the main conclusions upon the role of attachments in childhood as viewed in recent years:

i) Children's experience of interpersonal relationships with parent(s) is crucial to their psychological adjustment, and this includes the relationship before the separation.

ii) Child-rearing is a joint enterprise between adults and children, and the child is thus not passive.

iii) Child require consistency of care, whatever the environment, whether it be with parent(s), in residential nurseries, or in day care. It is continuing disruption that "represents a far more serious hazard".

iv) Family discord is one of the most destructive influences on children's development.

Quinton and Rutter's (1976) classic study, in London and the Isle of Wight, found that family discord can be as damaging for children as some forms of separation.

In the case of divorce with high levels of conflict (with chronic hostility between the parents, and protracted litigation), child psychiatrists have coined the phrase "parental alienation syndrome" (PAS) to explain the effect upon the children. This is where the child becomes aligned with one parent, and preoccupied with the injustice of the situation and/or an exaggerated denigration of the other parent (Rand 1997) (9).

v) Enduring adversity rather than specific stress leads to problems.

Gupta (1995) quoted research that showed that multiple parental separations and reconciliations, and continued years of parental arguments were significantly associated with teenage offending behaviour compared to none of these events.

However, the same experiences will affect children differently, and some children may not suffer negative outcomes. This observation has led to the interest in resilience or stress-resistant factors. Three such

factors emerged from the research (Friedman and Chase - Lansdale 2002):

a) Dispositional attributes - eg: easy temperament, at least average intelligence, and self-efficacy;
b) Family characteristics: close emotional tie with an adult family member, an organised family with routines and clear expectations, and lack of parental discord;
c) Perceived external support systems for family members.

vi) The effects of adverse experiences in the early years of life are not irreversible.

vii) Single cause explanations (eg: maternal deprivation) are rarely appropriate for psychological events, and multiple causation is better.
For example, in the Cambridge Study in Delinquency Development (Farrington and West 1990), it was found that teenage delinquency was related to a combination of factors together, including poorer and larger families, poor housing, and parental neglect.

viii) Human nature is flexible and can satisfactorily develop under a wide range of different conditions.

FOOTNOTES

1. "A set of expectations for how oneself and another person will relate to each other" (Wood, Littleton and Oates 2002 p29).
For example, "an anxiously attached child may have a model of others in which they are potentially dangerous and therefore must be approached with caution, while their self-representation may be of someone who is demanding and needy and unworthy to be offered security" (Holmes 1993).

2. Odds ratio gives the relative odds of behaviour in two groups. It can be defined as the "ratio of affected to unaffected individuals in one group divided by the same ratio in another group" (Petrie 1987 p230).

3. Table 9 compares the "Strange Situation" and AAI types of attachment.

STRANGE SITUATION	ADULT ATTACHMENT INTERVIEW
A: insecure, anxious avoidant - seeks proximity but rejects it	Insecure: dismissing - relationships not important
B: secure	Secure: autonomous/free to evaluate
C: insecure, anxious ambivalent - inconsistent behaviour	Insecure: preoccupied/enmeshed - dependent on others, and struggles to please them

Table 9 - Types of attachment in the "Strange Situation" and the Adult Attachment Interview.

Main and Solomon (1990) added type D attachment - insecure attachment: disorganised/disoriented. The child here shows confusion, apprehension, and contradictory behaviour patterns simultaneously; eg: moving towards the mother while avoiding eye contact (Moxon et al 2003).

But not all researchers are convinced by this new type (Thompson 1998). The AAI compares type D attachment with "unresolved", where the individual has not worked through their separation experiences.

While Bartholomew (1990) described adult attachment styles along the dimensions: approach-avoidance, and autonomy-dependence (table 10).

	AUTONOMY	DEPENDENCE
	positive self model - low anxiety	negative self model - high anxiety
APPROACH positive model of others	Secure - in relationships, and view of self	Pre-occupied - with self; difficulty in relationships
AVOIDANCE negative model of others	Dismissing - of others, and remain by self	Fearful - of others leaving, yet need them

(After Bartholomew et al 2001)

Table 10 - Adult attachment styles of Bartholomew (1990).

4. English and Romanian Adoptees Study Team is Celia Beckett, Jenny Castle, Carla Croft, Judy Dunn, Christine Groothues, Jana Kreppner, Thomas O'Connor, and Michael Rutter (Rutter et al 2001).

5. This study is ongoing and thus has been reported in different places at different stages - see also O'Connor et al (1999); O'Connor et al (2000a + b); Rutter et al (2001).

6. These are called "quasi-autistic" features because the characteristics improve with age between four to six years old, and while the features of "ordinary" autism usually do not (Rutter et al 2001).

7. The "affectionless psychopath" as described by Bowlby has in recent years become the formalised diagnosis today of "attachment disorder" in DSM-IV-TR (APA 2000) and ICD-10 (WHO 1992).

In ICD-10 (and DSM-IV-TR), the distinction is made between "reactive attachment disorder in childhood" (F94.1) and "disinhibited attachment disorder in childhood" (F94.2). The former is based around fearfulness and negative reactions to change, while the latter sufferer shows "indiscriminately friendly behaviour", and attention-seeking. Both disorders begin before the age of five years.

Indiscriminate friendly behaviour can be seen as adaptive in institutions with a high turnover of staff (Cohen 2002).

The DSM-IV-TR criteria include:

a) Lack of dfferentiation between adults;
b) Clear indication that child would go off with stranger;
c) Definite lack of checking back with parent in anxiety-provoking situations.

Attachment disorder first appeared in DSM-III (APA 1980). However there have been criticisms of the diagnostic criteria which includes symptoms separate from the parent-child relationship (eg: child's failure to thrive) (O'Connor 2002).

8. See also Chisholm (1998); Fisher et al (1997); Goldberg (1997); Marcovitch et al (1997).

9. Rand (1997) listed the symptoms of Parental Alienation Syndrome as:

i) Child actively aligned with one parent;
ii) Child has weak absurd rationalisations for their behaviour;
iii) Animosity towards the other parent beyond norm in such relationships;
iv) Child believes that these feelings and thoughts are their own decision;

v) Child supports completely the aligned parent;
vi) There is a disregard for the feelings of the hated parent;
vii) The child reflects the themes of the "alienating parent";
viii) There is animosity towards the hated parent's extended family.

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Children Raised by Two Same-Sex Parents

INTRODUCTION

The traditional nuclear family of mother, father, and child(ren) is viewed by many in society as best for the "healthy" psychological development of the child(ren). The breakdown of this type of family is seen as the cause of many ills in society (Haralambos and Holborn 1995).

However, in practice today in the UK, the traditional nuclear family is among a number of options that exist. Single parents, usually female, raising children have increased in particular (1). There is a situation of two parents that exists, but both parents are of the same-sex: gay and lesbian households. The child(ren) here may be adopted or biologically related to the adult(s) (2).

Generally the reaction to such households can be negative - both in attitude and legislation (Kitzinger 1999).

Reynolds (1996) quoted the common misconceptions about the psychological damage caused by lesbian mothers:

a) The absence of a man affects psychological development through impeding the Oedipal complex (3). (This has also been seen as a problem for single female parents (4));

b) Gender identity may be confused because of a lack of men again, or two women behaving in different gender ways (ie: not necessarily gender-typical);

c) This situation may encourage the child(ren) to develop homosexual or lesbian sexual orientations themselves.

It is interesting that much of the concern is for how boys without fathers will grow up, in terms of their masculinity. But why is there not the same concerns about girls and their femininity, if they are raised by (one or) two men?

RESEARCH EVIDENCE

Research is limited because there are not that many same-sex parent households per se, and the majority tend to be female.

Most of the interest is with the development of sexual identity in the children in same-sex households. Sexual identity is studied in a number of ways including,

for example, knowledge of sexual stereotypes, and adoption of sex roles through choice of toys. Some studies with older children include sexual orientation.

Green (1978) (5) studied 37 individuals (eighteen male and nineteen female) aged 3-20 years raised by lesbian or trans-sexual parents. All, except possibly one individual, developed heterosexual preferences and conformed to traditional gender roles. There was no comparison group of heterosexual parents.

In a still-running longitudinal study, Golombok et al (1983) used a comparison group of heterosexual single parents. This research compared 38 children (aged 5-17 years) in such situations with 37 raised in lesbian households (average age nine-years-old). There were no differences in gender identity, sexual preference, emotional development, or behaviour between the two groups.

Golombok et al (1983) concluded that "rearing in a lesbian household per se did not lead to atypical psychosexual development or constitute a psychiatric risk factor" (p565).

This study was followed-up by Golombok and Tasker (1996) (6) when the individuals were 23 years old. It was possible to find twenty-five of those from lesbian households and 21 from the control group. The most important finding related to sexual orientation - only two of those in the lesbian household group classed themselves as gay (and they were both women).

However, individuals in this group admitted having thought about homosexual relationships before the rejecting the idea more than the control group. Four of the former group did try homosexual relationships in their adolescence. Being raised in a lesbian household had encouraged the individuals to be open-minded about their sexual orientation, which is not bad in a society where discrimination against homosexuality is still common (Kitzinger 1999).

As with the original study, there were no differences found between the two groups in terms of mental health problems.

Flaks et al (1995) studied lesbian couples who had children through donor insemination. The samples were small - only fifteen couples - and fifteen heterosexual parents in the control group. Not only from the children's point of view were there no differences between the two groups, but the adults were similar in their quality of parenting. In fact, the lesbian couples showed greater awareness of how to cope in

different childcare situations.

There is more research on children raised by two women than by two men. However, Bailey et al (1995) did look at the sexual orientation of adult sons of gay fathers. This study did not concentrate on gay households, only if the father was gay. From adverts, 55 gay or bisexual men volunteered for the study. Their sons were contacted and interviewed as well. Ninety-one percent of the sons were classed as heterosexual. Of the remainder, they were either classed as homosexual, bisexual, or the sexual orientation was unclear. The length of time the boys had lived with their fathers was not a factor in sexual orientation.

A more formal concern for children in same-sex households would be the development of Gender Identity Disorder (GID). This is a strong preference for sex-typed behaviour more common in the opposite sex, that develops in the pre-school years, and is shown in, for example, dress-up play, and roles in fantasy play (7)(8) (APA 2000).

Zucker (2002) noted, from his work at the Child and Adolescent Gender Identity Clinic in Toronto, Canada, that:

> ..we have not detected any convincing evidence for an elevation in the rate of a homosexual sexual orientation among parents of both children and adolescents with GID (p743).

EVALUATION OF RESEARCH

i) The comparison of one parent with two is crude because of other family contacts, particularly other males (Schaffer 1998). For example, in the Golombak et al study, many of the children saw the fathers often. Furthermore, children in lesbian or gay households may have spent some time in heterosexual families.

ii) The studies are based upon volunteers (9) (eg: Bailey et al placed adverts in gay publications), and the samples are small.

iii) The effect of the father's absence depends on other factors, like the mother's reactions to the situation, or the child's age

iv) There are problems with the measurement of behaviours, like sexual identity in children. Measurements include asking children about their preferred toys and games, preferred sex of playmates, and future job aspirations.

Green (1978) measured the gender behaviour using a projective test called the "Draw-A-Person Test" (DAP) (Machover 1949).

The child is asked to draw a person, then a person of the opposite sex. The proportion of the body parts are taken as signs of psychological problems. For example, a disproportionately large or small head could reflect problems in intellectual functioning, social balance, or control of the body impulses (Comer 1996).

While a dehumanised figure is interpreted as a possible character disorder (Knoff 1990). There are concerns over the reliability of scoring of such tests, as well as the accuracy of interpretation of the answers (Brewer 2002).

v) Concern over claiming causality. Where there are detrimental effects to the child's development, it may be caused by a combination of factors rather than just the sex of the parents.

This is also particularly relevant with single parent households. Problems for children from such households may be as much a product of poverty, say, which is a major risk for single parents, especially mothers (10), as the lack of a father in the household.

vi) Much of the research challenges the assumption that sexual orientation is entirely due to imitation and identification with a same-sex parent (Schaffer 1998). The nature of sexual orientation is very much a product of the social construction of such behaviour in a particular social-historical-cultural (SHC) context (eg: Rich 1980). In particular, what is seen as "normal" sexual behaviour (Brewer 2002b).

vii) Other research has shown that the quality of relationships and the harmonious nature of the household matters more than the child living with certain people (Schaffer 1998).

CONCLUSIONS

A body of research (eg: Patterson 1992; 1994) has been built up to show that children from gay and lesbian households are not confused about their gender or sexual orientation, and do not development in atypical ways. Kitzinger (1999) is pleased to note that "our children grow up just like heterosexuals' children".

Schaffer (1998) concluded that "it is the quality of relationships between members of a household that matters rather than the form of the household as such" (p88).

Furthermore, concerning children raised in same-sex

households:

> ..we must rid ourselves of the expectation that such children will turn out to be psychologically "inferior" - just because of the absence of a father-figure, whether due to death, divorce, the mother's unmarried status or her preference for a female partner (Schaffer 1998 p88).

FOOTNOTES

1. In 2003, according to official figures, 12% of households in Britain were lone parents and 38% were couples with dependent child(ren) compared to 9% and 52% respectively in 1971 (ONS 2004).

2. Adoption by gay and lesbian parents is increasing (Hersov 1994). The amount of adoptions by gay and lesbian couples is not known because many single parent adoptions may actually be with same-sex parents that the adoption agencies do not known about (Cohen 2002).

3. Much of the basis of these concerns or misconceptions comes from Freud's (1905) work on the Oedipal complex in psycho-sexual development at 3-5 years old. Failure of this process, particularly for boys, leads to inappropriate gender development, which, to Freud, meant also homosexuality. It is the identification with the aggressor (ie: the father as rival for the mother) which is key in the whole process.

Great emphasis is placed, in traditional psychoanalysis, upon the Oedipal theory, but it is a hypothetical concept with little research evidence from Freud himself. The case study of "Little Hans" (Freud 1909) is often quoted to support the theory, but it is not without criticisms (eg: Gross 1999).

Webster (1995) was even more critical:

> It was partly because Freud, through his theory of the Unconscious, had created his own limitless fund of pseudo-empirical evidence that he was able to construct a theory like that of the Oedipus complex, which, for all its resonance and its superficial congruence with one or two of the observed facts of human behaviour, actually runs counter to the mass of evidence which is available (p257).

Interestingly, Kendrick et al (1998) have produced what is claimed as indirect support for the Oedipal

theory in their animal study. They cross-fostered goats and sheep, and found that the emotional bond between the mother and the male offspring determined social sexual preferences. This influenced was weaker on female offspring.

4. Work by Mavis Hetherington (eg: 1989) has shown some effects on boys being less "masculinised" if the father was absent before the age of four years, but not if absent after that age.

However, much of the research is a simple comparison of father-absent and father-present households, and ignores the presence of other males in the household (ie: "appropriate substitutes") (Stevenson and Black 1988).

5. See also Green et al (1986).

6. See also Tasker and Golombok (1997); Golombok and Fivush (1994).

7. The main measures of GID are identity statements, dress-up play, toy play, roles in fantasy play, peer relations, motoric and speech characteristics, statements about sexual anatomy, and involvement in rough-and-tumble play (Zucker 2002).

8. GID can be assessed by the Gender Identity Interview for Children (Zucker et al 1993). Table 1 lists some of the questions used.

- In your mind, do you ever get mixed up and you're not sure if you are a boy or a girl?
- When you grow up, will you be a Mommy or Daddy?
- Do you think it is better to be a boy or a girl?
- Are they things that you don't like about being a boy/girl?
- Are there good things about being a boy/girl?

(After Zucker 2002)

Table 1 - Questions from the 12-item Gender Identity Interview for Children.

9. Individuals who volunteer are not necessarily typical of the general population (Brewer 2001).

10. In 1999-2000, 35% of lone parents in the UK were classed as "below 60% of median income" (a standard measure of poverty used in official figures) (ONS 2002).

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Joan Erikson's 9th Stage

The focus in developmental psychology over the years has remained largely on childhood and adolescence, this focus being reflected in theory with many tending to view development as complete by the teenage years. In his book "Childhood and Society" (first published 1950, revised 1963) Erik Erikson took development a step further by adopting a lifespan perspective that assumes the importance of the whole life for continual development of identity, from birth to death.

His "eight ages of man" are well-known. What is less well-known, however, is his work on the ninth stage which arose as his wife, Joan, and himself reached their nineties. They reflected on their experiences of this older age and how it was not fully explained by his eighth stage.

As Joan describes:

> Old age in one's eighties and nineties brings with it new demands, re-evaluations, and daily difficulties. These concerns can only be adequately discussed, and confronted, by designating a new ninth stage to clarify the challenges (Erikson 1997 p105).

Erik didn't ever publish his ninth stage but Joan later completed his work after is death in 1994. In her book, "The Life Cycle Completed: A Review", the ninth stage is presented. This ninth stage takes into account the probable growing frailty and loss of ability in oldest age. Here the individual returns to each of the previous stages with the wisdom of a life lived. "Successful" passage through the ninth stage leads to gerotranscendence, as discussed below.

In the ninth stage Erikson (1997) felt that the dystonic, or negative, side of the dilemmas faced at each of the eight stages may predominate and hence they are presented before the syntonic (positive) elements in each case for emphasis.

Basic Mistrust vs Trust: Hope

Here the older individual begins to mistrust their own abilities due to their increasing frailty. However, hope, emerging with each new day, will still remain.

Shame and Doubt vs Autonomy: Will

Once again doubt returns with respect to the individual's own capabilities. However, Erikson talks of the "rebellious" side of autonomy in old age.

Guilt vs Initiative: Purpose

Here the drive once seen in initiative is reduced and the individual's waning energy is focused on maintaining daily activities.

Inferiority vs Industry: Competence

Again industry is seen as only a memory, replaced by a slowed pace where the individual accepts their shortcomings.

Identity Confusion vs Identity: Fidelity

The difficulties of role confusion re-emerge for the older person. They wonder about their role in this new era of ageing.

Isolation vs Intimacy: Love

Diminishing ability may hinder the individual's usual ways of relating to others. There may be difficulties in knowing how to relate, linked with role confusion, alongside the decreasing number of people with which they interact.

Stagnation vs Generativity: Care

With loss of energy in older age generativity is no longer an issue. This can be seen as liberating the person from being a provider of care. However, this in turn can lead to stagnation.

Despair and Disgust vs Integrity: Wisdom

There are challenges to wisdom in older age due to failing abilities, such as eyesight and hearing, required to "listen, hear and remember".

Despair continues into the ninth stage but takes on a different form. In the eighth stage despair is about

reflecting on one's life and how it may have been lived differently. In the ninth stage loss of own ability may take centre stage. If hope from the first stage remains then life will remain worthwhile.

Erikson (1997) felt that if individuals in their ninth stage could come to terms with each of the dystonic aspects of the previous stages then they may move towards gerotranscendence, a stage where the individual chooses to withdraw and their focus shifts from the individual to a wider cosmic understanding and sense of peace towards their inevitable death.

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